

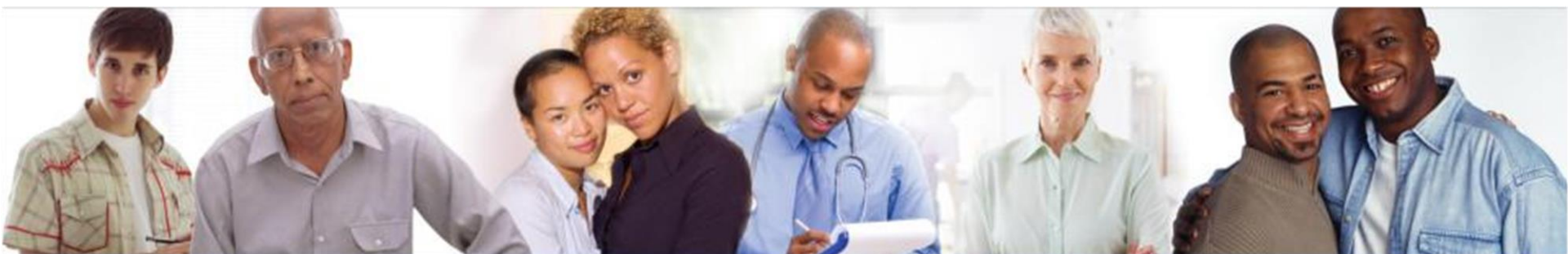


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# ¡EMPODÉRATE!: A Model for Addressing Social Determinants of Health Among LGBTQ Latinx Young Adults

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# ¡EMPODÉRATE!: Empower Yourself

- *iEmpodérate!* (Empower Yourself!) is the only bilingual, HIV program that targets young Latino men who have sex with men and young male-to-female transgender Latinas between the ages of 18 and 29 in Washington, DC.
- Latinx: The letter "x," instead of an "o" makes Latino, a masculine identifier, gender-neutral. It also moves beyond Latin@ – which has been used in the past to include both masculine and feminine identities – to encompass genders outside of that limiting man-woman binary.

# Our History - Part 1



- Founded in 1983: first Salvadorian immigrant wave (war, natural disasters, violence) to the area (1980s) as volunteer-run clinic.
- From 1996 there have been more than 540 hate crimes against LGBTQ Latinos in El Salvador.
- La Clinica del Pueblo's fight: health care as a human right.
- 60% of clients of La Clinica del Pueblo are Central American immigrants.
- 90% service staff are bilingual, and most are first-generation Latino immigrants, dedicated to a mission “to build a healthy Latino community through culturally appropriate health services, focusing on those most in need.”

# Our History – Part 2



- First HIV client seen in 1985; first HIV prevention program (counseling and testing) in 1989.
- From the 1990's: safe space for immigrants for Central America living with HIV and fighting homophobia, transphobia and xenophobia.
- People Living With HIV, MSM and transgender women are considered the “most in need” due to the stigma that prevents them from accessing high-quality health care.



# Why did La Clínica Del Pueblo design a strategy to serve young LGBTQ Latinxs?



# Call for Interventions that Focus Beyond the Individual\*

- Creating safe spaces in which HIV-positive and HIV-negative Latino MSM can critically explore and discuss the impact of social discrimination on their physical and mental health;
- Enhancing feelings of belonging and social support, particularly from family, friends, caseworkers, and healthcare providers;
- Ensuring access to culturally competent and linguistically appropriate sexual health services, including HIV prevention information and education, care, and treatment; and
- Providing opportunities for social action, including volunteerism and activism.

\*(Ayala G, Bingham T, Kim J, Wheeler DP, Millett GA. Modeling the Impact of Social Discrimination and Financial Hardship on the Sexual Risk of HIV Among Latino and Black Men Who Have Sex With Men. American Journal of Public Health. 2012;102(Suppl 2):S242-S249. doi:10.2105/AJPH.2011.300641.

# Serving the Most Vulnerable: Young Latino MSM & Transgender Women

Key reasons:

- Latino MSM and transgender women represent 81% of all new HIV infections among Latinos in the USA in 2009 (CDC, 2016).
- HIV affects more low-income Latino MSM and transgender women (Oster AM et al, 2013).
- The lack of access to resources for health, education, employment, and legal assistance affects HIV prevention (Sanchez et al, 2010).
- Many studies ask for interventions that promote the creation of safe spaces where Latino MSM and transgender women living with HIV and at-risk for HIV can explore and discuss the impact of these social factors in their physical and mental health (Ayala et al, 2012).



# Disparities: Challenges to Care for Latinx Immigrants

- Lack of linguistically and culturally appropriate services, including mental health services.
- Lack of family/support structures.
- Latinos are diverse: culture defined by country of origin, education, socio-economic level, immigration journey
  - Language, education and immigration status are seen as barriers for accessing support systems in the United States

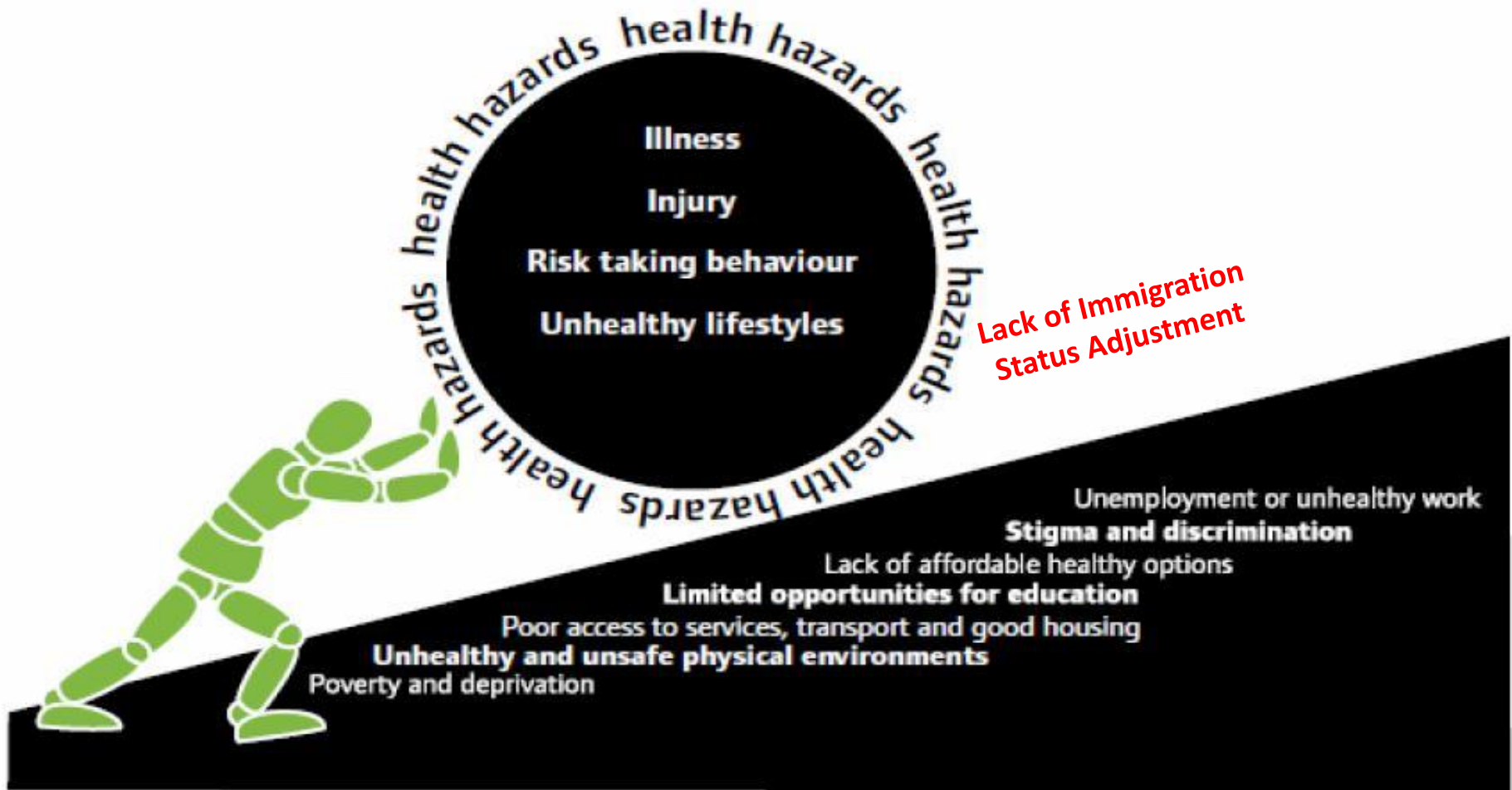
(Shared Action, 2012; Galvan, HIV Prevention With Latinos, 2012; Jeanty, 2013; Bogado, 2013; Bazargan, 2012)

# Disparities: Challenges to Care for Latinx Immigrants, Cont'd

- Traditional gender stereotypes: Machismo, transphobia, homophobia
  - Transgender Immigrant Latinas face additional barriers to information and care especially if Spanish speaking only or undocumented.
- Minority status (sexual, racial, legal) leads to being shut out of jobs, education, barriers to housing, healthcare and economic security which exposes them to a higher risk of discrimination, negative health outcomes and violence.
- Conflicts between work and medical care.
- Instability/lack of availability of housing.

(Shared Action, 2012; Galvan, HIV Prevention With Latinos, 2012; Jeanty, 2013; Bogado, 2013; Bazargan, 2012)

# Social Determinants Of Health



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# Immigration as a Social Determinant of Health



- What does it mean to be undocumented?
  - Progressive criminalization of administrative status
    - Relationship to police, law enforcement, state/government entities
    - Effect on physical and mental health
  - Inability to obtain basic documents—Social Security #, ID
    - Driving, banking, home renting or ownership, access to services
    - Effect on social insertion and stability
  - Inability to obtain safety net benefits
    - Effect on socioeconomic status, relationship to employer
  - Extreme vulnerability with respect to employer

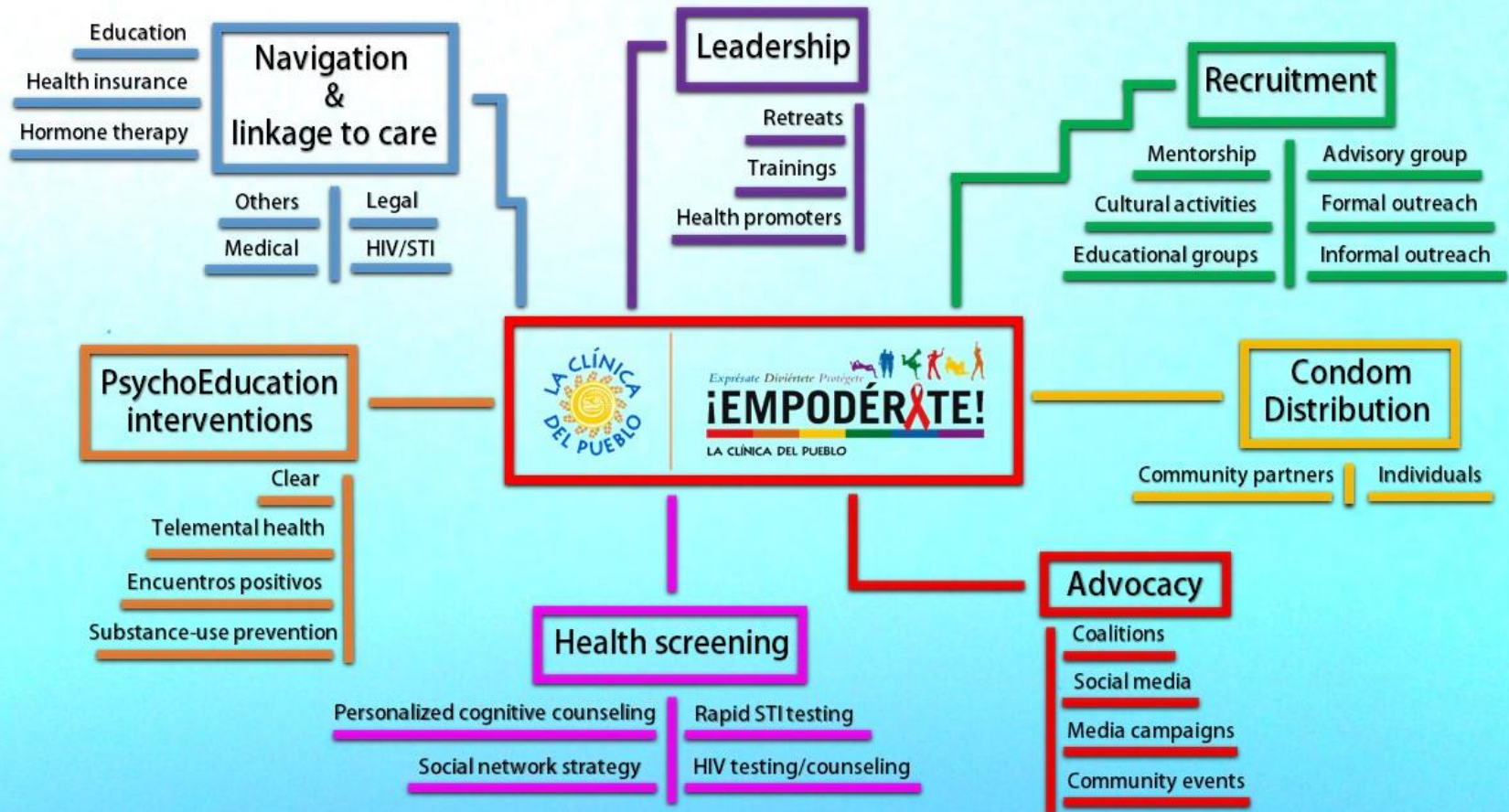


# ¡Empodérate! Model: Definition and Key Concepts



# The ¡Empoderate! Services

¡Empoderate! is a safe space for Latinx LGBTQ young adult recent immigrants where they can be themselves. It offers support to access the services they might need to improve their health.





# Key concept 1: Ecological Model

- Use an ecological model when developing and implementing health education and navigation activities.
- Employ multiple interventions for achieving population-level change in risk behavior and health outcomes.
- Address stigma: HIV, gender identity, sexual orientation, immigration status.



# Key concept 2: Peer Education

- Understand how behavior is constructed.
- De-construct behaviors.
- Understanding behavior is influenced by: emotional strings, proximity, similarity, linkage/network.
- People tend to listen and better respond to information when it comes from a peer.
- Education between peers occurs when sharing similar age, culture, background, and social status.
- New narratives: dialogue, inclusion, motivation, share behaviors.



# Our Peer-Based Model: Health Promoters

- Community-based approach to health promotion and disease prevention.
- Members of the same target population invited to use peer-education concepts to promote key messages to reduce health disparities.
- The objectives are:
  - Promote healthy life styles free of violence.
  - Advocate for a better quality of life.
  - Educate about chronic diseases and STI prevention.
  - Increase access to health care services.



# System Navigation for HIV+

- La Clínica's HIV continuum to care.
- Provides early support and full access to quality HIV services: treatment, medical case management, support services, and resources.
- HIV Care services could be in-house or other care referral services.
- Focused on newly diagnosed and re-engaged to care HIV positive Latinxs.
- It is the first step that engages clients in the care plan.
- Aimed to:
  - Improve health outcomes
  - Encourage healthy lifestyle choices
  - Prevent the transmission of HIV



# Retention of HIV + Youth to Services: Steps

- Client follow-up every three months after entry into medical care, during the first year of treatment.
- Track and gather information about the process and experience within the first year of treatment, and as needed thereafter.
- Provide an additional layer of support through counseling and information about preventive practices for HIV-positive clients, including HIV-reinfection, prevention, lifestyles, and risk-reduction.



# System Navigation for High Risk Negatives: Description

- La Clínica's access and retention strategy to necessary referral support services associated with HIV prevention and health care.
- Focused on Latinx MSM and transgender women recent immigrants:
  - High-Risk HIV-Negative
  - Unknown HIV status
- Provides full access to quality referral services: medical, social support, and community resources.
- Cross-train recruitment staff as navigators.
- Trains health promoters as peer navigators.
- Steps: Recruitment, intake, initial assessment, navigation plan, needs reassessed, completion.
- Collaborates with medical care team.
- Uses HIV Navigation core elements.



# System Navigation for High Risk Negatives: Purpose

## Link and retain access to key support services:

- Mental health
- Legal (immigration status adjustment, name change, passport)
- HIV/STD screening; PrEP, condoms
- HIV prevention interventions
- Education
- Primary medical care; Health insurance enrollment
- Hormone treatment
- Others: Employment, housing, substance use
- Leadership & community building

## Aims to improve:

- Encourage healthy lifestyle choices, including better safe sex practices
- Increase access to care and referral support services
- Increase retention in care
- Increase self-sufficiency
- Reduce HIV incidence
- Reduce health disparities
- Reduce stigma related to sexual orientation, gender identity, HIV and immigration status



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# Best Practices for Working with Transgender Latinas

- Age is relative.
- Research development of interventions: There are no programs designed for transgender Latina immigrant women – only adaptations.
- Comprehensive, culturally and linguistically specific health care: Providing hormone therapy.
- Education and career advancement training.
- Mental health and substance use services.
- Legal rights and opportunities.
- Support groups and promoting transgender and Latina pride.
- Provide leadership opportunities and community involvement.
  - Advocacy and community education.



# Best Practices for working with LGBTQ Latinx Young Adult Recent Immigrants

- Immigrant status is the barrier most often listed by clients as their number one impediment to seeking health services.
- Any retention strategy for HIV care has to consider navigation support for legal services to address these needs as part of the HIV retention efforts.
- Enhancing communication between support services and clinical team better serves the community.
- Recognize power imbalances between client and provider (age, sexual minority, immigration status, language).
- Identify client-centered health goals that meet the client where he/she is at: stages of change.

# Best Practices for working with LGBTQ Latinx Young Adult Recent Immigrants, Cont'd

- Use preferred pronouns when talking with and referring to a client.
- Serve as a consistent support system for both high-risk HIV negative and HIV+ clients.
- Provide opportunities for community involvement.
- Be patient and unwilling to give up on your client.
- Provide and recommend opportunities for education and career advancement training and other opportunities for self-empowerment.